



**Admission Requirements - Document Submission Form – International Students**

Applicant Information			
Last Name	First Name	Middle Name	
Mailing Address			
City	Province	Country	Postal Code
Home Phone	Cell Phone	Email	
Citizenship		Citizenship Status <input type="checkbox"/> Study Permit <input type="checkbox"/> Other Visa	
Which JIBC campus would you prefer to attend?			
<input type="checkbox"/> New Westminster <input type="checkbox"/> Kelowna <input type="checkbox"/> Victoria <input type="checkbox"/> Chilliwack  <input type="checkbox"/> Other (please specify) _____ Please check our website for other available locations.			
Do you wish to include the <b>Emergency Medical Responder (EMR) Course</b> in your program of study at JIBC			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>STATEMENT OF INTENT</b>			
Briefly describe why you wish to enrol in this program.			
Continue to next page →			

**Application for Re-admission**

Have you have previously been registered in the PCP Program?  Yes  No

Note: In accordance with JIBC policy students, may only attempt a program twice. If you wish to apply for a third attempt, you must obtain permission **PRIOR** to application. Please send a written request along with documentation of development you have completed to support your ability to successfully complete this program to [pcp@jibc.ca](mailto:pcp@jibc.ca). Supportive documentation includes transcripts of formal education or training.

If Yes, please indicate at which course including audited courses you wish to re-enter:

Audit Course: PARA-\_\_\_\_\_ Re-entry Course: PARA-\_\_\_\_\_

Please refer to [www.jibc.ca/pcp](http://www.jibc.ca/pcp) under the **Information for Returning Students** tab for program re-admission fees.

**Please check the following documents are attached:**

Photocopy of JIBC Emergency Medical Responder (EMR) Certificate (or equivalent)	<input type="checkbox"/>
Photocopy of CPR for Healthcare Provider certificate	<input type="checkbox"/>
Coloured scanned copies of transcripts showing completion of High School equivalent to grade 12 in Canada or a post-secondary credential from a recognized institution in or outside of Canada	<input type="checkbox"/>
Coloured scanned copies of your transcripts or test results demonstrating that you meet the minimum entrance English requirements	<input type="checkbox"/>
Copy of the identification page on your passport	<input type="checkbox"/>
Completed Immunization Checklist Form	<input type="checkbox"/>
Hepatitis B serology report	<input type="checkbox"/>

I confirm I have viewed the Becoming a Paramedic in BC website at <https://paramedicinbc.jibc.ca/> to prepare myself for applying to the PCP program.

I declare that all statements made in this application are true and correct and I understand that any misrepresentation of material facts herein may cause forfeiture of my rights to successfully complete the Primary Care Paramedic program.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



Please submit ALL documentation along with this form in one package.

Failure to submit all documents required, may result in delays in the processing of your application. Please note we are unable to return any documents. Please contact us at [pcp@jibc.ca](mailto:pcp@jibc.ca) with any questions.

Forward your document submission package **to be received by application deadline** to:

Admissions  
Justice Institute of British Columbia  
715 McBride Boulevard  
New Westminster, B.C.V3L 5T4  
Email: [admissions@jibc.ca](mailto:admissions@jibc.ca)